

STATE OF SOUTH CAROLINA

(Caption of Case)

ORDER DESIGNATING TAG MOBILE, LLC AS  
AN ELIGIBLE TELECOMMUNICATIONS  
CARRIER FOR THE PURPOSE OF OFFERING  
LIFELINE SERVICE

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER SHEET

DOCKET

NUMBER: 2012 - 336 - C

(Please type or print)

Submitted by: Compliance Solutions, Inc.

SC Bar Number:

Address: 740 Florida Central Parkway

Telephone: 407-260-1011

Suite 2028

Fax: 407-260-1033

Longwood, FL 32750

Other:

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Tag Mobile, LLC 1Q14 Customer Deactivations

INDUSTRY (Check one)

- ☐ Electric  
☐ Electric/Gas  
☐ Electric/Telecommunications  
☐ Electric/Water  
☐ Electric/Water/Telecom.  
☐ Electric/Water/Sewer  
☐ Gas  
☐ Railroad  
☐ Sewer  
☒ Telecommunications  
☐ Transportation  
☐ Water  
☐ Water/Sewer  
☐ Administrative Matter  
☐ Other: \_\_\_\_\_

NATURE OF ACTION (Check all that apply)

- ☐ Affidavit  
☐ Agreement  
☐ Answer  
☐ Appellate Review  
☐ Application  
☐ Brief  
☐ Certificate  
☐ Comments  
☐ Complaint  
☐ Consent Order  
☐ Discovery  
☐ Exhibit  
☐ Expedited Consideration  
☐ Interconnection Agreement  
☐ Interconnection Amendment  
☐ Late-Filed Exhibit  
☐ Letter  
☐ Memorandum  
☐ Motion  
☐ Objection  
☐ Petition  
☐ Petition for Reconsideration  
☐ Petition for Rulemaking  
☐ Petition for Rule to Show Cause  
☐ Petition to Intervene  
☐ Petition to Intervene Out of Time  
☐ Prefiled Testimony  
☐ Promotion  
☐ Proposed Order  
☐ Protest  
☐ Publisher's Affidavit  
☒ Report  
☐ Request  
☐ Request for Certification  
☐ Request for Investigation  
☐ Resale Agreement  
☐ Resale Amendment  
☐ Reservation Letter  
☐ Response  
☐ Response to Discovery  
☐ Return to Petition  
☐ Stipulation  
☐ Subpoena  
☐ Tariff  
☐ Other: \_\_\_\_\_

Print Form

Reset Form



April 2, 2014

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: TAG Mobile, LLC Docket No. 2012-336-C – Order No. 2013-1**  
**Compliance Filing - Quarterly Customer Deactivations 1Q 2014**

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C – Order No. 2013-1 the South Carolina Public Service Commission (“Commission”) designated TAG Mobile, LLC an Eligible Telecommunications Carrier (“ETC”) for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a quarterly report to ORS demonstrating the number of Lifeline customers who have been deactivated by TAG Mobile during the quarter listing the reason for deactivation.

TAG Mobile, LLC respectfully submits the required data for the quarter January 2014 to March 2014 as shown in the chart below and due by April 15, 2014:

Period Covered	# Customers de-enrolled for 60 days or longer of inactivity	# Customers who did not pass the annual verification	# Customers that were voluntarily de-enrolled	TOTAL
January – March 2014	2579	0	20	2599
January 2014	1301	0	5	1306
February 2014	1251	0	9	1260
March 2014	27	0	6	33

Respectfully submitted,

Mark Lammert, CPA  
Attorney-in-Fact  
TAG Mobile, LLC

STATE OF SOUTH CAROLINA

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COVER SHEET

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DOCKET

NUMBER: 2012 - 336 - C

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Telephone: 407-260-1011

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DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Tag Mobile, LLC 1Q14 Copies of FCC Form 497 Filed with USAC

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		

Print Form

Reset Form



April 2, 2014

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: TAG Mobile, LLC Docket No. 2012-336-C – Order No. 2013-1 Compliance Filing -  
Copy of Form 497 1Q2014**

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C – Order No. 2013-1 the South Carolina Public Service Commission ("Commission") designated TAG Mobile, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a copy of Form 497 filed with USAC.

TAG Mobile, LLC respectfully submits the required data for the quarter January 2014 to March 2014 and due by April 15, 2014.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Lammert', is written over a horizontal line.

Mark Lammert CPA  
Attorney-in-Fact  
TAG Mobile, LLC

LIFELINE WORKSHEET

OMB Approval  
3060-0819  
Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number \_\_\_\_\_ (2) Study Area Code 249022

(3) Filer 499 ID \_\_\_\_\_ (4) Technology Type (check one) Wireline ☐ Wireless ☒

(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information

(7) Filing Information

Company Legal Name:	TAG Mobile LLC	a) Submission Date	02/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>10736</u>	x \$ <u>9.25</u>	= \$ <u>99308</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>99308</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 99308 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 99308

If you have any questions, please call USAC at (866) 873-4727 Toll Free

**(20) CERTIFICATIONS AND SIGNATURES**

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/07/2014

Charles L Schneider Jr

DATE

OFFICER SIGNATURE

President & CEO

Charles L Schneider Jr

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

LIFELINE WORKSHEET

OMB Approval  
3060-0819  
Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number

2) Study Area Code 249022

(3) Filer 499 ID —

(4) Technology Type (check one) Wireline ☐ Wireless ☒

(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information

(7) Filing Information

Company Legal Name:	TAG Mobile LLC	a) Submission Date	03/08/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>9752</u>	x \$ <u>9.25</u>	= \$ <u>90206</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>90206</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 90206 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 90206

If you have any questions, please call USAC at (866) 873-4727 Toll Free

**(20) CERTIFICATIONS AND SIGNATURES**

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

03/08/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

OMB Approval  
3060-0819  
Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number \_\_\_\_\_ (2) Study Area Code 249022

(3) Filer 499 ID \_\_\_\_\_ (4) Technology Type (check one) Wireline ☐ Wireless ☒

(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	TAG Mobile LLC	a) Submission Date	04/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgm-inc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>9242</u>	x \$ <u>9.25</u>	= \$ <u>85489</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>85489</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 85489 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 85489**

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**(20) CERTIFICATIONS AND SIGNATURES**

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04/07/2014

Charles L. Schneider, Jr.

**DATE**

**OFFICER SIGNATURE**

President & CEO

Charles L. Schneider, Jr.

**OFFICER TITLE**

**OFFICER NAME**

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